

CENTER FOR STUDENT OPPORTUNITY

Off-Campus Study
Alma College
(989) 463 7247
offcampusstudies@alma.edu

Cost Estimate Worksheet Japan, Hikone - University of Shiga Prefecture

This form is used to help develop a financial plan. *The amounts listed are for estimating purposes only.* Actual amounts billed to your student account may vary due to personal selection and/or assignment and are subject to change without notice.

Student Name: _____ Student ID: _____ A/C Term /Year of study: **Summer ~ 2019**
Approx. Program Dates: 4 weeks: June

Estimated Program Fees invoiced to Alma College and added to your Alma College Student Account:

\$ _____	750	Fees (84,000 JPY) include Program/Activity fees, & lodging in furnished apartments room with a loft, kitchen, bedroom and bathroom; meals are not included.
\$ _____	785	Program Tuition for 4 week language program
\$ _____	490	Alma College Off-Campus Study Administrative Fee

\$ 2,025 4 WEEK PROGRAM, ESTIMATED FEES ABOVE INVOICED BY ALMA COLLEGE TO STUDENT ACCOUNT

Additional Estimated Expenses listed below are paid out-of-pocket to service providers, travel agents, etc. Fill in the blanks with any required/optional expenses and personal spending to help complete an estimate of your financial costs.

\$ _____	155	Passport & Associated Fees	\$ _____	Cell Phone rental, usage fees, etc.
\$ _____	1,900	Round Trip Air Travel	\$ _____	Optional Bus to School (15 min average commute by bicycle which is included)
\$ _____	35	Transportation from airport on Bullet Train	\$ _____	Personal Travel beyond monthly travel to city
\$ _____	30	Wireless router, optional for laptop	\$ _____	Visa and Residency Permit (for stays beyond 3 months, cost is 2,000 JPY per month)
\$ _____	175	Meals for 4 weeks, based on 20,000 JPY monthly	\$ _____	Transcript fees if program requires official Alma transcript(s)
\$ _____	50	Optional travel costs: in-city bus or train to other cities	\$ _____	Other (list)
\$ _____	60	Incidentals, toiletries, etc.	\$ _____	Other (list)
\$ _____	10		\$ _____	
\$ 2,405		Estimated Additional Costs	\$ _____	Total of above to add to ESTIMATED TOTAL

\$ 4,430 ESTIMATED TOTAL

Students attending an off campus study program must take this form to the Financial Aid Office to be completed. While there, schedule an appointment with a representative to discuss your financial aid package. Once completed, the Coordinator of Financial Counseling in the Center for Student Opportunity can also provide financial advice.

TO BE COMPLETED BY FINANCIAL AID OFFICE

Check this box if Financial Aid will not be awarded for this summer program.

\$ _____ ** Your financial aid award for the above mentioned term includes the following:

\$ _____	State/Federal Grants
\$ _____	Alma Funds
\$ _____	Other:

Alma funds ineligible for Off-Campus Study and not included in Financial aid award total above \$ _____

Summer programs awarding less than 6 credits are not eligible for most loans. To cover the costs of this program after all other forms of aid you and/or your parents can apply for:

The Parent PLUS Loan Program (www.alma.edu/finaid/loans) The Private Loan Program (www.alma.edu/finaid/loans) Not eligible for other programs

***This award amount is a point-in-time estimate and subject to change based on Alma College receiving/processing your FAFSA information. Please note you will need to meet Federal and State FAFSA deadlines. Amounts may decrease due to changes in funding from Federal and State programs which is beyond the control of Alma College. Financial aid for Fall Term will be estimated over the summer, and can be viewed through the student portal.*

I have reviewed & discussed the financial requirements with the above mentioned student and provided an estimated financial aid package.

Financial Aid Office signature: _____ Date: _____

I understand that it is in my best interest to verify my financial aid package prior to participating in the program.

Student Signature: _____ Date: _____

UPLOAD COMPLETED FORM TO YOUR OFF-CAMPUS STUDENT ACCOUNT

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Student Name: _____ Student ID: _____ A/C Term /Year of study: **Summer ~ 2019**
Approx. Program Dates: 6 weeks: early June - mid July

Estimated Program Fees invoiced to Alma College and added to your Alma College Student Account:

\$ _____	750	Fees (84,000 JPY) for 4 week Program/Activity fees, & lodging in furnished apartments room with a loft, kitchen, bedroom and bathroom; meals are not included.
\$ _____	430	Fees (48,600 JPY) for 2 week Traditional Community Internship Program in Hachiman; this experience is not credit bearing. Lodging and breakfast with a host family.
\$ _____	785	Program Tuition for 4 week language program
\$ _____	490	Alma College Off-Campus Study Administrative Fee

\$ 2,455 6 WEEK PROGRAM, ESTIMATED FEES ABOVE INVOICED BY ALMA COLLEGE TO STUDENT ACCOUNT

Additional Estimated Expenses listed below are paid out-of-pocket to service providers, travel agents, etc. Fill in the blanks with any required/optional expenses and personal spending to help complete an estimate of your financial costs.

\$ _____	155	Passport & Associated Fees	\$ _____	Cell Phone rental, usage fees, etc.
\$ _____	1,900	Round Trip Air Travel	\$ _____	Optional Bus to School (15 min average commute by bicycle which is included)
\$ _____	35	Transportation from airport on Bullet Train	\$ _____	Personal Travel beyond monthly travel to city
\$ _____	30	Wireless router, optional for laptop	\$ _____	Visa and Residency Permit (for stays beyond 3 months, cost is 2,000 JPY per month)
\$ _____	265	Meals for 4 weeks, based on 20,000 JPY monthly	\$ _____	Transcript fees if program requires official Alma transcript(s)
\$ _____	50	Optional travel costs: in-city bus or train to other cities	\$ _____	Other (list)
\$ _____	60	Incidentals, toiletries, etc.	\$ _____	Other (list)
			\$ 10	

\$ 2,495 Estimated Additional Costs **\$ _____** Total of above to add to ESTIMATED TOTAL

\$ 4,950 ESTIMATED TOTAL

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\$ _____ ** Your financial aid award for the above mentioned term includes the following:

\$ _____ State/Federal Grants

\$ _____ Alma Funds

\$ _____ Other:

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I have reviewed & discussed the financial requirements with the above mentioned student and provided an estimated financial aid package.

Financial Aid Office signature: _____ Date: _____

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Student Signature: _____ Date: _____

UPLOAD COMPLETED FORM TO YOUR OFF-CAMPUS STUDENT ACCOUNT